

APPLICATION FOR REGISTRATION AS A PHARMACIST-INTERN

FEE: \$37.50 – Make check payable to: Minnesota Board of Pharmacy

NAME: First: _____ Middle: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Social Security #: - -

Sex: ☐ Male ☐ Female

Birth Date: / /

Phone Number: - -

Race: (Check one Box) ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
☐ Black (Not of Hispanic Origin) ☐ Hispanic ☐ White (Not of Hispanic Origin)

Expected Graduation Date: / /

Which of the following professional years have you completed? (Check the applicable box)

Pharm D Program: ☐ PD-I ☐ PD-II ☐ PD-III ☐ PD-IV

Name of College you are attending: _____

Are you registered as a technician in MN or in another state? ☐ Yes ☐ No If yes, which state(s)? _____

If yes in MN, what is your technician # _____ Should we inactivate your registration? ☐ Yes ☐ No

Are you licensed as a pharmacist in another state? ☐ Yes ☐ No If yes, which state(s)? _____

Have you ever been charged with theft or with violating any state or federal laws relating to drugs?

☐ Yes ☐ No

If yes, please describe: _____

Have you ever been disciplined by any health licensing board in this or any other state? ☐ Yes ☐ No

If yes, please describe: _____

I, the undersigned, do hereby apply to the Minnesota Board of Pharmacy for registration as a Pharmacist-Intern, as provided in the rules of the Minnesota Board of Pharmacy.

I understand that as a registered Pharmacist-Intern I may not perform any of the duties required of a registered pharmacist except when I am working under the continuous and personal supervision of a registered pharmacist and that my duties may not exceed those described in guides and manuals provided by the Board.

I also understand that should I perform any duties, which I am not licensed to perform, or which exceed my educational level or if I falsely assume to be a pharmacist, or engage in any activity considered to be unprofessional conduct, I am placing my privilege of becoming a licensed pharmacist in Minnesota in jeopardy.

I further understand that I must submit records of my internship experience on forms provided by or prescribed by the Board and that credit for internship experience will not be granted unless registration and forms describing internship experience are completed in a timely manner.

I also understand that I am required to notify the Board if my address changes, while I am registered as an intern.

I CERTIFY THAT I ACCEPT THE ABOVE STATEMENTS AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

Intern's Signature

Date

CERTIFICATE OF ELIGIBILITY FOR STUDENTS

Dean's Name: _____ College/School of Pharmacy: _____

I, the undersigned, do hereby certify that this student, who is applying for registration as a Pharmacist-intern, is or was registered at this college and has completed the first year of the Pharm D Program and is satisfactorily progressing toward completion of academic requirements for the Pharm D degree.

Dean's Signature

Dated

GRADUATES NOTE: The final transcript of grades showing the date the BS or Pharm D degree in Pharmacy was awarded must be attached in lieu of the college certification.

RECIPROCITY CANDIDATES: If we have your reciprocity application on file, you do not need to have the Dean sign this form or submit a transcript.

BOARD CANDIDATES: If we have your final transcript on file, you do not need to have the Dean sign this form or submit a transcript.

FPGEC CANDIDATES: You do not need to have the above signed because we have your FPGEC Certificate on file in the Board office.

RECIPROCITY CANDIDATES

I became a registered Pharmacist in the state of _____ on _____. My status will be that of a pharmacist-intern in Minnesota until I pass the computerized examination in jurisprudence for reciprocating my license and am notified by the Board of Pharmacy that I am licensed as a pharmacist.